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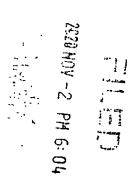
(Requestor's Name)				
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PICK-UP WAIT	MAIL			
(Business Entity Name)				
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PEC 11 2020 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	PROBE FORENSIC ENGINEERING, LLC	•			
SUBJE		f Limited Liability Company			
Dear S	ir or Madam:	·			
The en	closed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter	to the following:			
MELVI	N L. SAMS IV, CPA				
	Name of Person				
SAMS	IV CPA PA				
	Firm/Company				
60! S L	INCOLN AVE				
	Address				
CLEAF	RWATER, FL 33756				
	City/State and Zip Code				
MEL@	SAMSCPA.COM				
Е	-mail address: (to be used for future annual repor	t notification)			
For fur	ther information concerning this matter, please ca	ill:			
MELV	IN L. SAMS IV, CPA 72	7 386-4127			
	Name of Person	Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount:	:			
	■ \$25 Filing Fee	S55 Filing Fee & Certified Copy			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: PROBE FORENSI	C ENC	GINEERING, L	LC
2. ((b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ŋ	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		601 S LINCOLN AVE		601 S LINC	COLN AVE
		CLEARWATER, FL 33756	_	CLEARWA	ATER, FL 33756
		10/31/2020		L180002087	08
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	MARK T. KILGORE, PE			2
J. (a)		Registered Agent and Registered Office shown on the records of the	ne Flori	da Dept. of State	2920 NOV -2
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u></u>	1
		3161 SCENIC OAKS DRIVE			P
		JACKSONVILLE , FL	32226		4 6: 04
		MELVIN L. SAMS IV, CPA			40
ı	(b)	Enter name of NEW Registered Agent and/or NEW Registered (0.00		
		Enter Harte of 1.12.1. Treguerea in a 1.12.1. 1.12.1.		······································	
		NEW Registered Office Address:			
		601 S LINCOLN AVE			
		CLEARWATER	33756		
cha age wa: the	inge int v s/vvc arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the laws of a member of authorized representative of a member	registe bility of the li imited	red office and company, it is mitted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
pro the to r	visi obl nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete proper igations of my position as registered agent as provided ely reflect a change in the registered office address, I have I in writing of this change.	rertori	nance of my a	luties, and I am familiar with and accept
Sig	natu	re of Registered Agent			